## **EXHIBIT A**

Form **5500** 

Department of the Treasury Internal Revenue Service

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2006

Department of Labor	6057(b), and 6058(a) of th				
Employee Benefits Security Administration  Complete all entries in accordance with			This Form is Open to		
Pension Benefit Guaranty Corporation	the instruct	ions to the Form 5500.			spection.
Part Annual Report Ident	tification information				
For the calendar plan year 2006 or fisca	I plan year beginning 0	7/01/2006, and	ending 06/30	)/2007.	
	ultiemployer plan;	(3) a mu	ultiple-employer pla	n: or	
The state of the s	ngle-employer plan (other tha		E (specify)	,	
	iple-employer plan);	(,, 🗀)			
B This return/report is: (1) the fi	first return/report filed for the p	plan: (3) the fi	inal return/report file	ed for the plan	•
· · · · · · · · · · · · · · · · · · ·	mended return/report;	· · · · · · · · · · · · · · · · · · ·	ort plan year return/	•	
C If the plan is a collectively-bargained p	• •		on plan year lotain,	roport (loss til	
D If filing under an extension of time or t			n (see instructions)		·····. [ f
	lon — enter all requested in		ii. (See ii isti detions)		
1a Name of plan	Onto an requestion	ioniatori.	1b Three-digi		
UPSTATE NEW YORK BAKERY	DRIVERS AND INDUS	TRY	plan numb		001
PENSION FUND					
			IC Ellective of	ate of plan (mo	o., day, yr.) .0/1957
				12/1	
2a Plan sponsor's name and address (er	mplayer if for a single ample	una nion)	2b 5		30.47.81
(Address should include room or suite		yer plair)	2b Employer I	dentification N	umber (EIN) 612437
UPSTATE NEW YORK BAKERY			20 0		
INDUSTRY PENSION FUND	DKIVEKS AND		2C Sponsor's	telephone nun	
INDUSTRI TEMBION TONE			0d D		2-3232
			2d Business c	ode (see instru	
STATE TOWER BLDG. SUITE	1103		ANNERS SERVICE AND	TARRESTA OF CARREST	311800
STATE TOWER BLDG. SUITE	1103				
			1.0		
CUDA CUOD	_				ALC: N
SYRACUSE		NY 13202-0000	11.00		10.
Caution: A penalty for the late or incomple	te filing of this return/report w	ill be assessed unless reasonab	ole cause is establis	hed.	·
Under penalties of perjury and other penalties se ttachments, as well as the electronic version of thi	it forth in the instructions, I declare is return/report if it is being filed eli	that I have examined this return/repo- ectronically, and to the best of my kno	rt, including accompany wledge and belief, it is	ring schedules, st	tatements and
Damphuses au					
SIGN					
	<b>V</b>				
Signature	Date	Type or print name	e of individual signi	ng as pian adr	ninistrator
ŞIĞN					
Signature of employer/plan spe		Type or print name of	individual signing as em	ployer, plan spon	sor or DFE
or Paperwork Reduction Act Notice and	l OMB Control Numbers, sec	the instructions for Form 550	<b>00.</b> v9.0	Form	<b>5500</b> (2006)
		<b>属面层的过去式和过去分词</b>			
		<b>为你是是这种的事情</b>			
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## Form **5500** Annual Return/Report of Employee Benefit Plan Official Use Only OMB Nos. t210 - 0110 1210 - 0089 This form is required to be filed under sections 104 and 4065 of the Employee Department of the Treasury internal Revenue Service Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 2007 Department of Labor Employee Benefits Secur Administration 6057(b), and 6058(a) of the Internal Revenue Complete all entries in a ORIGINAL This Form is Open to the instructions to the Public Inspection. Pension Benefit Guaranty Corporation **Annual Report Identification Information** 2008 For the calendar plan year 2007 or fiscal plan year beginning A This return/report is for: (1) a multiemployer plan; a single-employer plan (other than a multiple-employer plan); the first return/report filed for the plan; B This return/report is: me final return/report filed for the plan; (2) an amended return/report; (4) a short plan year return/report (less than 12 months). If the plan is a collectively-bargained plan, check here . . . . . . If filling under an extension of time or the DFVC program, check box and attach required information. (see instructions). Basic Plan Information — enter all requested Information. 1a Name of plan Three-digit UPSTATE NEW YORK BAKERY DRIVERS AND INDUSTRY pian number (PN) 001 PENSION FUND Effective date of plan (mo., day, yr.) 12/10/1957 2a Plan sponsor's name and address (employer, if for a single-employer plan) 2b Employer Identification Number (EIN) 15-0612437 (Address should include room or suite no.) UPSTATE NEW YORK BAKERY DRIVERS AND Sponsor's telephone number INDUSTRY PENSION FUND 315-422-3232 2d Business code (see instructions) 311800 STATE TOWER BLDG. SUITE 1103 **SYRACUSE** 13202 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete Date Type or print name of individual signing as plan administrator Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Form **5500** (2007) V10.1

Form **5500** 

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with

Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2008

This Form is Open to

Pension Benefit Guaranty Corpora	the instructions to the Form 5500.					Public Inspection.	
	port Identification inform	ation					
For the calendar plan year 2	2008 or fiscal plan year beginni	ng 07/01/200	8, and en	iding 06/30	/2009,		
A This return/report is for:	(1) X a multiemployer plan; (2) a single-employer plan ( multiple-employer plan)			ple-employer pla (specify)	n; or		
B This return/report is:	(1) the first return/report file (2) an amended return/report	•	' ' <b> =</b>	ai return/report filo t plan year return/		-	
•	-bargained plan, check here					<b>)</b>	
CONFESSION STREET	n of time or the DFVC program,		equired Information.	(see Instructions)	<u></u>		
A	information — enter all re	quested information.		lat = =			
18 Name of plan UPSTATE NEW YORK	BAKERY DRIVERS AND	INDUSTRY		1b Three-digi		001	
PENSION FUND				1c Effective d	late of plan (m 12/1	o., day, yr.) .0/1957	
2a Plan sponsor's name an (Address should include	d address (employer, if for a sing	jle-employer plan)		2b Employer	Identification N	lumber (EIN) 612437	
	BAKERY DRIVERS AND			2c Sponsor's	telephone nur	nber	
INDUSTRY PENSION	FUND				315-42	2-3232	
				2d Business of	code (see instr	uctions) 311800	
STATE TOWER BLDG	. SUITE 1103						
SYRACUSE		NY	13202				
Under penalties of perjury and o	e or Incomplete filling of this retur ther penalties set forth in the instruction nic version of this return/report if it is t	ns, I declare that I have exa	mined this return/report	, including accompan	ying schedules,		
Mathleen -	Steek .	3/08/10	BUTHLE	EN3	MECK	*	
/ Signature of	plan administrator	Date'	Type or print name	of individual sign	ning as plan ac	lministrator	
Signature of emp	loyer/plan sponsor/DFE	Date	Type or print name of in	dividual signing as e	mployer, plan sp	nsor or DFE	
For Paperwork Reduction A	ct Notice and OMB Control Nu	mbers, see the instruc	tions for Form 5500	<b>0.</b> v11.3	For	т <b>5500</b> (2008)	



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Form 5500	Annual Return/Report of Employee Benefit Plan  This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).				1210-00			
Department of the Treasury Internal Revenue Service				2009				
Department of Labor Employee Benefits Security Administration	➤ Complete all entries in accordance with the instructions to the Form 5500.					2009		
Pension Benefit Guaranty Corporation					This	Form is Open to Pu	iblic	
	ntification Information	3 70000			<del>- 0.6.7.37</del>	2/2010		
For calendar plan year 2009 or fiscal		01/2009	مامنفاء	and ending	06/30	0/2010		
A This return/report is for:	<ul><li>X a multlemployer plan;</li><li>☐ a single-employer plan;</li></ul>	片		-employer plan; or pecify)				
<b>B</b> This return/report is:	the first return/report; an amended return/report;	ᇤ		eturn/report; an year return/report (less th	12 m	omitos)		
C Make also be a sufficient to be again				•	an iz iii	<u></u>		
C If the plan is a collectively-bargain					ш	• X		
D Check box if filing under:	X Form 5558;		matic	extension;	∐ the	DFVC program;		
	special extension (enter desc					- · · · · ·		
	nation—enter all requested Informa				145			
1a Name of plan Upstate New York Bakery Drivers and Industry				10	Three-digit plan number (PN) ▶	001		
Pension Fund					1c	Effective date of pl 12/10/1957	an	
2a Plan sponsor's name and addres (Address should include room or s Upstate New York Bak	sulte no.) kery Drivers and	olan)			2b	Employer Identifica Number (EIN) 15-0612437	ntion	
Industry Pension Fun					2c	Sponsor's telephor number (315) 422-32		
State Tower Bldg. Su Syracuse	lite 1103		NY	13202	2d	instructions)	<b>e</b>	
bylacuse			141	13202		311800		
Caution: A penalty for the late or in	complete filing of this return/repor	t will be asses	sed L	ınless reasonable cause is	s estabils	shed.		
Under penalties of perjury and other p statements and attachments, as well	penalties set forth in the instructions, I	declare that I h	nave e	examined this return/report,	including	accompanying sche		
SIGN MALLEN SI	Yell	-4/08	iL	Kathleen Sweeney	Meck			
Signature of plan adminis				plan administrator				
SIGN	•							
HERE Signature of employer/pla	an sponsor	Date		Enter name of individual s	Enter name of individual signing as employer or plan sponsor			
SIGN				- The state of the	-g-m-1g 40			
HERE		<b></b>						

Signature of DFE Date Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1